

CHANGE OF PERSONAL INFORMATION FORM

Please submit this to the business office if any of your contact information changes during the school year.*

Family Name: _____

Child's/children's name(s) & grade(s): _____

New Address: _____

Parent Name(s): _____

New Home #: _____

New Cell #: _____
(indicate mom's or dad's)

New Cell #: _____
(indicate mom's or dad's)

New E-mail address: _____
(indicate mom's or dad's)

New E-mail address: _____
(indicate mom's or dad's)

***If your e-mail address has changed, please enroll your new e-mail address in ENS on the website: mysaintjames.com**
